

SM Exhibit K

DATE

4/14/09

RESTRICTED DUTY

THIS DESIGNATION TO BE RE-EVALUATED IN ACCORDANCE WITH
MEMBER'S MEDICAL DISABILITY

Tax#

INSTRUCTIONS: District Surgeon will prepare this report in duplicate and the member concerned shall deliver both copies to the Medical Section, Restricted Duty Office, #346 Broadway, 9th Floor, on the date he is assigned to restricted duty.

Adrian Schoolcraft

NAME

PO

RANK

12943

SHIELD

81 Pct

COMMAND

ADDRESS

RESIDENT PCT.

DATE REPORTED SICK

DATE OF DISABILITY

DIAGNOSIS

TIME:

DATE:

TIME:

DATE:

FIREARMS REMOVED: YES ☒ NO ☐

LINE OF DUTY

DATE REMOVED 4/13/09

NON LINE OF DUTY

APPROVED TO OPERATE DEPT. VEHICLE:

YES ☐ NO ☐

INDICATE RECOMMENDED RESTRICTIONS

LIMITED USE OF EYES ☐ ARMS ☐ LEGS ☐ BACK ☐LIMITED AMOUNT OF STANDING ☐ WALKING ☐ WORK ☐ LABORIOUS STAIR CLIMBING ☐

OTHER RESTRICTIONS: (IF OTHER THAN ALL TOURS) - REASON

DATE TO BE RE-EVALUATED AT THE MEDICAL SECTION:

REMARKS:

Anthony J. Smith
Reporting Surgeon's Signature & District Date

POLICE DEPARTMENT
CITY OF NEW YORK

4/14/09
(Date)

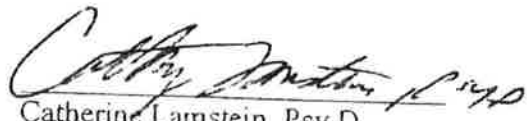
From Catherine Lamstein, Psy D. , Psychological Evaluation Section
To: Firearms Removal/Restoration Desk, Medical Division
Subject: REMOVAL OF FIREARMS FROM A MEMBER OF THE DEPARTMENT

1. I hereby request the removal of firearms from:

Title: PO
Name: Adrian Schoolcraft
Shield: 12943 Tax: [REDACTED]
Command: 81st

for the purpose of psychological evaluation. This person will be placed on Restricted Duty assignment pending the results of this evaluation.

2. For your information.


Catherine Lamstein, Psy.D.
Psychologist - Level I
Psychological Evaluation Section

Shield/ID Card Removal Log # _____

**POLICE DEPARTMENT
CITY OF NEW YORK**

4/14/09

Date

From: Supervisor, Medical Division

To: Supervisor, Shield/ID Card Unit

Subject: **REMOVAL OF SHIELD, FULL DUTY IDENTIFICATION CARD
AND FIREARMS**

1. The following member of the service was placed in a NO FIREARMS

STATUS on 4/13/09 Please issue P.O. Adrian Schoenfeldt
Date Rank/Name



a No Firearms identification card. The member's Shield and Full
Tax #

Duty identification card were removed and will be forwarded for safekeeping.

2. It is requested that upon issuing the No Firearms identification card, the Supervisor, Shield/ID Card Unit complete the endorsement below and fax it to the Firearms Removal Desk at 718-760-7621.

Supervisor's Rank/Name/Tax #

1ST ENDORSEMENT

Supervisor, Shield/ID Card Unit to Commanding Officer, Medical Division. On _____
Date
the above member was issued a No Firearms identification card.

Supervisor
Shield/ID Card Unit

“B”

Shield/ID Card Restoration Log # _____

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